Fields of Opportunities

STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

Substance Use Disorder Evaluation Referral Form

DHS Worker: _____
Date: _____
Mailing Address: _____
Phone#: _____ **EXT.** _____ **Email:** _____ **FAX:** _____
Name of the referred person: _____
Client Contact Information: _____

Release signed on (date) _____ Copy attached☐ or mailed on (date) _____

Purposes for which the evaluation will be used: _____

Why is the referral being made at this time/Referral Questions? _____

Current substance misuse, abuse, or dependency concerns: _____

Dates/Results of any drug testing completed prior to referral: yes☐ no☐

_____

Other agencies currently involved with client: yes ☐ no☐

_____

Past involvement of the Iowa Department of Human Services: yes☐ no☐

_____

Past Involvement with the Juvenile Court: yes☐ no☐

_____

Known past history with substance misuse, abuse, or dependency: yes☐ no☐

_____

Past history of treatment experiences with mental health and/or substance abuse: yes☐ no☐

_____

Any other information that is felt to be beneficial in completion of an evaluation: _____